

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10 / 536599

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 42 | 1 | | | | | |
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| TOTAL IND. | | | ↓ | ↓ | ↓ | |
| TOTAL DEP. | | ← | ← | ← | ← | |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | 37 | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | 41 | | | | | |